

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023744

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 88

Primary Registration District No. 5330

Registrar's No. 21

STATE FILE NUMBER

FILED JUL 3 1963

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township		c. CITY OR TOWN Osage Township	
Length of stay in 1b 19 Years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route, Cherryville, Mo.		d. STREET ADDRESS (If outside, give location), Star Route, Cherryville, Mo.	
3. NAME OF DECEASED (Type or print) First EMMETT Middle COX Last		4. DATE OF DEATH Month June Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1889
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Stone Hill, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert Cox		13b. MOTHER'S MAIDEN NAME Martha Greenwood	
14. NAME OF HUSBAND OR WIFE Lillie Cox		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address: Lillie Cox, Star Route, Cherryville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a).			INTERVAL BETWEEN ONSET AND DEATH 15 min.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour June Month 28 Day 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.) June 28, 1963	
20f. CITY, TOWN, OR LOCATION June 28, 1963		COUNTY June 28, 1963 STATE June 28, 1963	
21. I attended the deceased from OCT. 19, 1962 to June 28, 1963 and last saw him alive on June 28, 1963 Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George W. Johnson D.O.		22b. ADDRESS Steelville, Mo.	
22c. DATE SIGNED 6/29/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/30/1963		23c. NAME OF CEMETERY OR CREMATORY Cherryville Cemetery	
23d. LOCATION (City, town, or county) Cherryville, Missouri.		24. FUNERAL DIRECTOR Halbert Funeral Home, Steelville, Mo.	
25. DATE RECD. BY LOCAL REG. 6/29/63		26. REGISTRAR'S SIGNATURE Mrs. Hazel Lickens	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

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JUL 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.